

Case Number:	CM14-0111516		
Date Assigned:	08/01/2014	Date of Injury:	09/29/2006
Decision Date:	10/08/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male who reported an injury on 09/29/2006 due to a motor vehicle accident. The injured worker had diagnoses including chronic pain, right sided ilioinguinal, and iliohypogastric neuralgia. The past medical treatment included medications, blood transfusion, surgery, physical therapy, nerve block injections, use of an H-wave unit, and functional restoration. Diagnostic testing included x-rays of the ankles on 06/10/2014, x-ray of the left femur on 06/14/2011, 10/05/2011, and 08/29/2011, an x-ray of the left femur, tibia, right ankle & pelvis on 03/17/2011, and an EMG/NCS on 06/13/2007. The injured worker underwent left knee/lower leg realignment surgery on 03//01/2013, a bone graft to the lower back area on 06/20/2011, IM rod replacement and bone shaving on 03/05/2009, and a nerve relocation surgery of the ilioinguinal and iliohypogastric nerves on 08/20/2012. The injured worker complained of pain near his right anterior superior iliac spine radiation across his right lower quadrant and into the groin, rated 6/10. The injured worker stated the pain worsened by Valsalva, coughing, or abdominal straining. Medications included Pristiq, lidocaine, xylocaine 1% injection, Naropin injection, Kenalog injection, Welbutrin XL, trazodone, Lyrica, Methadone, and Provigil. The treatment plan included a recommendation for a topical compound cream which was comprised of ketamine gabapentin, baclofen, ryclobenprine, teracaine & diclofenge. The rationale for treatment was not submitted. The request for authorization was submitted on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topical Compound cream: Ketamine Gabapentin, Baclofen, Ryclobenprine, Teracaine & Diclofenge: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Topical Compound cream: Ketamine Gabapentin, Baclofen, Ryclobenprine, Teracaine & Diclofenge is not medically necessary. The injured worker complained of pain near his right anterior superior iliac spine with radiation across his right lower quadrant and into the groin, rated 6/10. The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The guidelines do not recommend Gabapentin for topical application as there is no peer-reviewed literature to support use. Baclofen is not recommended for topical application as there is no peer-reviewed literature to support the use of topical baclofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Gabapentin and Baclofen for topical application as there is no peer reviewed literature to support their use. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. There is a lack of documentation indicating all primary and secondary treatment options have been exhausted. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for topical compound cream: Ketamine Gabapentin, Baclofen, Ryclobenprine, Teracaine & Diclofenge is not medically necessary.